



**County of San Diego**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**  
**FOOD AND HOUSING DIVISION**  
**FOOD FACILITY PLAN CHECK APPLICATION**  
[www.sdcdeh.org](http://www.sdcdeh.org)



**MAIN OFFICE SAN DIEGO**

1255 IMPERIAL 3<sup>rd</sup> Floor  
SAN DIEGO, CA 92101  
(619) 338-2364

**NORTH COUNTY**

151 E.CARMEL ST  
SAN MARCOS, CA 92078  
(760) 471-0730

(For office use only)

PLAN CHECK #: \_\_\_\_\_

INTAKE DATE: \_\_\_\_\_

AMT PAID: \_\_\_\_\_

CHECK # \_\_\_\_\_

**PART I**

**FACILITY:** NEW REMODEL CONVERSION MOBILE CONSULTATION REVISION OTHER

Facility Name \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone if available ( ) \_\_\_\_\_

**BUSINESS OWNER:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**DESIGNER/CONTRACTOR/CONTACT PERSON :**

Facility Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone ( ) \_\_\_\_\_ Contact Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ State Contractor's License if applicable \_\_\_\_\_

**FACILITY INFORMATION:**

Extent of Food Service: Unpackaged Foods 100% Prepackaged Only Limited (MFF/SFS) Wholesale Processing

If Limited, What is served? \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Projected Date for Completion: \_\_\_\_\_

**For Permanent Food Facilities only:**

Total Square Feet of Facility: \_\_\_\_\_ Max. Staff Per Shift: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

Anticipated Max # Meals to be Served: Breakfast    Lunch    Dinner   ; Customer Utensils: Single Service Multi-service

Is there outdoor dining, outdoor bar, barbecue, wood oven etc. associated with the food facility? Yes No: If yes, explain: \_\_\_\_\_

Is this facility within a Food Court; if so is the facility enclosed Yes No N/A \_\_\_\_\_

Are sneeze guards required? Yes No; If yes plans must indicate details of the sneeze guard and location. \_\_\_\_\_

Grease Trap/Interceptor required: Yes No; Location \_\_\_\_\_

# Employees Restrooms \_\_\_\_\_; Public Access? Yes No; Will alcohol be served and consumed on site? Yes No

Sewer: Public    Septic/ Private    Water: Public    Well/ Private    (If private contact Land Use at (858) 565-5173)

Identify the municipal water and wastewater district \_\_\_\_\_

**COMPLETE PART II**

## PART II

**SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION.** Applications will not be processed until all required documents are received and all fees are paid.

- 1) Plans must be submitted to a stated scale (i.e., 1/4" per ft.) and done in a professional manner. The minimum size is 11" x 17". A total of three (3) sets are required. An Environmental Health Note section must be on plans.
- 2) Proposed menu (Including seasonal, off-site and catering menus).
- 3) Finish schedule of interior finishes.
- 4) Plumbing layout showing type and location of equipment with drains, floor sinks and schedule.
- 5) Equipment schedule showing type, manufacturer, and model numbers.
- 6) Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- 7) Manufacturer specification sheets "cut sheets" for equipment shown on the plan.
- 8) Complete exhaust ventilation plans (HVAC), including restroom ventilation and kitchen exhaust system plans.
- 9) All existing equipment and finishes must be defined.
- 10) Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- 11) Written legal agreement for shared restrooms or common restrooms not located within the establishment.
- 12) If there are open or continuous doors, then the food prep areas must be shown as completely enclosed.
- 13) For unenclosed (non-occupied) MFFs, operational procedures for food handling and the cleaning and sanitizing of food-contact surfaces, food equipment and utensils.
- 14) MFF commissary agreement letter, if available at that time, shall accompany the plans (otherwise to be submitted prior to final issuance of permit.)

### TYPE OF OPERATION (check all that apply)

<input type="checkbox"/> Kitchen (Hood Ventilation)	<input type="checkbox"/> Kitchen (No hood)	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Ventless cooking-2 exempt max	<input type="checkbox"/> Institution	<input type="checkbox"/> Tableside / display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Take out only	<input type="checkbox"/> Hospital/Licensed care facility
<input type="checkbox"/> Fast food	<input type="checkbox"/> Catering	<input type="checkbox"/> Lodging facility
<input type="checkbox"/> Bar	<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Galley
<input type="checkbox"/> Deli	<input type="checkbox"/> School	<input type="checkbox"/> Commissary/Vending HQ
<b>Grocery Related</b>		
<input type="checkbox"/> Market	<input type="checkbox"/> Produce processing	<input type="checkbox"/> Shellfish storage
<input type="checkbox"/> Raw Meat	<input type="checkbox"/> Smoked fish	<input type="checkbox"/> Wholesale food distribution warehouse
<input type="checkbox"/> Seafood / fish	<input type="checkbox"/> Bakery	<input type="checkbox"/> Commissary
<input type="checkbox"/> Deli	<input type="checkbox"/> Sushi prep	<input type="checkbox"/> Ice production / packaging
<input type="checkbox"/> Produce	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Self-service baked goods

**OTHER AGENCIES:** ☐ BLDG DEPARTMENT ☐ FIRE DEPARTMENT ☐ ZONING ☐ WATER/WASTEWATER DISTRICTS ☐ APCD ☐ DEH-LWQ

(NOTE: If you are the business owner and an honorably discharged veteran you may be eligible for a fee exemption.)

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable and that plans, once reviewed, will be picked up within 60 days or they will be discarded. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title Here \_\_\_\_\_

(For office use only)

PLAN CHECK #/TYPE: \_\_\_\_\_ PERMIT NUMBER/TYPE: \_\_\_\_\_ CENSUS TRACT: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ ROUTE CODE: \_\_\_\_\_

PLAN STATUS ☐ APPROVED ☐ DISAPPROVED ☐ RED TAG; PC INITIALS \_\_\_\_\_ REVIEW DATE \_\_\_\_\_

RECHECK STATUS ☐ APPROVED ☐ DISAPPROVED ☐ RED TAG; PC INITIALS \_\_\_\_\_ RECHECK DATE \_\_\_\_\_

DATE APPROVED \_\_\_\_\_